

**NCI-FREDERICK ANIMAL CARE AND USE COMMITTEE**  
*ANIMAL DISPOSITION AUTHORIZATION FORM*

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Principal Investigator: \_\_\_\_\_

Phone: \_\_\_\_\_

Title of Study \_\_\_\_\_

Experiment #: \_\_\_\_\_

Description of Potential Animal Health Issues (i.e., clinical signs):  
  
\_\_\_\_\_

Please list below at least two individuals who are designated to authorize the disposition of an animal in the event that it is found sick, with lesions, debilitated, moribund, or dead. Please provide at least one after-hours contact number in case the veterinary and/or technical staff must discuss an animal health related issue.

Name	Phone	Email	Pager	Home/Cell Phone

Please specify what is to be done with the animal when euthanasia is required (i.e., dispose of the animal, take specific tissues, cryopreserve sperm, refrigerate).

\_\_\_\_\_

**PLEASE NOTE: If no contact or disposition information is provided, disposition of the animal will be at the discretion of the [LAM veterinary staff](#).**